

# Volunteer Services

If you would like to volunteer for any of the following services, please check the corresponding box. Sign your name and include your address & phone number. Detach this portion and mail to:

Betty Kubin, Acting Director  
IRMC Auxiliary  
P.O. Box 788  
Indiana, PA 15701

- |   |  |
|---|--|
| <input type="checkbox"/> Charity Ball     | <input type="checkbox"/> Jewelry Sale      |
| <input type="checkbox"/> Gift Shop        | <input type="checkbox"/> Mail Service      |
| <input type="checkbox"/> Hospitality Cart | <input type="checkbox"/> Pantry (Register) |
| <input type="checkbox"/> Guide Volunteers |  |
- day       evening       weekend

Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_